

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		7			
2	/					
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50						
TOTAL IND.	4					
TOTAL DEP.	67					
TOTAL CLAIMS	71					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52		3				
53		2				
54		2				
55		2				
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100						
TOTAL IND.	12					
TOTAL DEP.	45					
TOTAL CLAIMS	57					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY